



For Official Use Only

**CITY OF FAYETTEVILLE  
240 GLYNN STREET SOUTH  
FAYETTEVILLE, GA 30214**

**LAND-DISTURBANCE PERMIT APPLICATION  
PRIMARY PERMITTEE**

**Coverage Desired (Check Only One)**

- GAR 100001-Stand Alone     GAR 100002-Infrastructure     GAR 100003-Common Development

**I. SITE/OWNER/OPERATOR INFORMATION**

Site Project Name: \_\_\_\_\_

GPS Location of Construction Exit: \_\_\_\_\_

Street Address: \_\_\_\_\_

City(if applicable): \_\_\_\_\_ County: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Operator's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. SITE ACTIVITY INFORMATION**

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Estimated Disturbed Acreage: \_\_\_\_\_

- Type Construction Activity:     Commercial     Industrial     Municipal     Linear  
 Utility     Residential/Subdivision Development

Number of Secondary Permittees: \_\_\_\_\_

**III. RECEIVING WATER INFORMATION**

A. Name of Initial Receiving Water(s): \_\_\_\_\_

- Trout Stream     Warm Water Fisheries Stream

B. Name of Municipal Storm Sewer System Owner/Operator: \_\_\_\_\_

Name of Receiving Water(s): \_\_\_\_\_

- Trout Stream     Warm Water Fisheries Stream

C.     Sampling of Outfall(s)     Sampling of Receiving Stream(s)     Trout Stream

Number of Outfalls: \_\_\_\_\_ Appendix B NTU Value: \_\_\_\_\_ Surface Water Drainage Area: \_\_\_\_\_

**IV. ATTACHMENTS. (Check those that apply.)**

Indicate below the items attached to this application:

- \_\_\_\_\_ Location map showing the receiving stream(s), outfall(s) or combination thereof to be monitored.
- \_\_\_\_\_ Erosion, Sedimentation and Pollution Control Plan (if project is greater than 50 acres or if project in areas without local Issuing Authorities regardless of acreage).
- \_\_\_\_\_ List of known secondary permittees.
- \_\_\_\_\_ Schedule for the timing of the major construction activities.

**V. CERTIFICATIONS. (Owner or Operator or both to initial as applicable.)**

\_\_\_\_\_ I certify that the receiving water(s) or the outfall(s) or a combination of receiving water(s) and outfall(s) will be monitored in accordance with the Erosion, Sedimentation and Pollution Control Plan.

\_\_\_\_\_ I certify that the Erosion, Sedimentation, and Pollution Control Plan (Plan) has been prepared in accordance with Part IV of the General NPDES Permit GAR100001, GAR 100002 or GAR 100003, the Plan will be implemented, and that such Plan will provide for compliance with this permit.

\_\_\_\_\_ I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Operator's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CODE 134--- LAND DISTURBANCE PERMIT FEE

PERMIT # \_\_\_\_\_

DATE: \_\_\_\_\_

PROJECT: \_\_\_\_\_

(NAME & DESCRIPTION)

LOCATION: \_\_\_\_\_

TOTAL SITE AREA \_\_\_\_\_

TOTAL DISTURBED AREA \_\_\_\_\_

APPLICANT: \_\_\_\_\_

(FULL NAME)

(PHONE)

\_\_\_\_\_

(ADDRESS)

LANDOWNER: \_\_\_\_\_

(FULL NAME)

(PHONE)

\_\_\_\_\_

(ADDRESS)

ALL PERMITS	UNIT AMOUNT	QUANTITY	AMOUNT	OFFICE USE	
PROCESSING FEE	\$ 100.00	1	\$100.00		
<b>ADDITIONAL FEES</b>					
CITY FEE PER DISTURBED ACRE	\$ 40.00				
<b>TOTAL</b>					

MAKE CHECK PAYABLE TO: CITY OF FAYETTEVILLE

SUBMITTED BY:

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_, TITLE: \_\_\_\_\_